## **FORM D**

SECURITIES AND EXCHANGE COMMISSION PROCESSIN OMB Number:
Washington, D.C. 20549 Section Expires:

MAY 08 2008

Expires: Estimated average burden hours per response.....16.00

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION BOOM SECTION 4(6), AND/OR **UNIFORM LIMITED OFFERING EXEMPTION** 

FORM D

| SEC U  | SE ONLY  |
|--------|----------|
| Prefix | Serial   |
| DATE   | RECEIVED |
| l      |          |

| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Class "E" Preferred Shares, Series I Offering  | PROCESSED   |
|--|---|
| Filing Under (Check box(cs) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment  | PROCESSED  MAY 1 5 2008   |
| A. BASIC IDENTIFICATION DATA   | THOMOS  |
| I. Enter the information requested about the issuer  | THOMSON REUTERS   |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)   |   |
| Marble Point Energy Ltd.   |   |
| Address of Executive Offices (Number and Street; City, State, Zip Code)  | Telephone Number (Including Area Code)  |
| 100 401 Mydida 344, Stills 1000, Stills 1, 1450101 121 564   | (403) 698-8300  |
| Address of Principal Business Operations (Number and Street, City; State, Zip Code) (if different from Executive Offices)  | Telephone Number (Including Area Code)  |
| Brief Description of Business  |   |
| Oil and gas exploration and development in Western Canada.   |   |
| Type of Business Organization    corporation   | lease specify;  |
| Actual or Estimated Date of Incorporation or Organization: [0] [6] [0] Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)  |   |
| GENERAL INSTRUCTIONS   | <del></del>   |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o 77d(6).  |   |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.  | A notice is deemed filed with the U.S. Securities slow or, if received at that address after the date on  |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205   | 549.  |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.   |   |
| Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplend be filed with the SEC.  | rt the name of the issuer and offering, any changes<br>ied in Parts A and B. Part E and the Appendix need |
| Filing Fee: There is no federal filing fee.  |   |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for surface and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed. | recurrities Administrator in each state where sales<br>the exemption, a fee in the proper amount shall    |
| ATTENTION —  |   |
| Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unle filing of a federal notice.  | comption. Conversely, failure to file the less such exemption is predictated on the                       |

| Г                                     | <del></del>          |                | un un                              |               | A BASIC ID                              |       | SCATION DATA          |        |             | region in the | 調味                     | 1                  |                |
|---------------------------------------|----------------------|----------------|------------------------------------|---------------|---|-------|-----------------------|--------|-------------|---------------|------------------------|--------------------|----------------|
| اــــــــــــــــــــــــــــــــــــ | Enter the            | information re | quested for the fe                 | ollowin       | 8;                                      |       |                       |        |             |               |                        |                    |                |
|                                       |                      |                |                                    |               | as been organized w                     |       |                       |        |             |               |                        |                    |                |
|                                       |                      |                |                                    |               |   |       | e vote or disposition |        |             |               |                        |                    | of the issuer. |
|                                       | • Each               | executive of   | ficer and director                 | of corp       | orate issuers and of                    | corpo | rate general and mai  | naging | partners of | partne        | eship issue            | rs; and            |                |
|                                       | • Each               | general and t  | managing partner                   | of part       | nership issuers.                        |       |                       |        |             |               |                        |                    |                |
| Chec                                  | k Box(es)            | that Apply:    | Promoter                           |               | Beneficial Owner                        | Z     | Executive Officer     | Ø      | Director    |               | General ar<br>Managing |                    |                |
|                                       | Name (La<br>g, Jöhn  | t name first,  | f individual)                      | <del></del> - |   |       |                       |        |             |               |                        |                    | -              |
|                                       | •                    | eidence Addre  | es Number en                       | 4 Stree       | t, City, State, Zip Co                  | nde)  |                       |        |             |               |                        |                    |                |
|                                       |                      |                | ite 1800, Calga                    |               |   | ,     |                       |        |             |               |                        |                    |                |
| Cher                                  | k Box(es)            | that Apply:    | Promoter                           |               | Beneficial Owner                        | Ø     | Executive Officer     | Z      | Director    |               | General ar<br>Managin  |                    |                |
|                                       | Name (La<br>I, David | st name first, | if individual)                     |               |   |       | <del></del>           |        |             |               |                        |                    |                |
| Busi                                  | ness or Re           |                | ess (Number an                     |               | t, City, State, Zip C<br>erta T2P 3J4   | ode)  | <u> </u>              |        |             |               |                        |                    |                |
|                                       |                      | that Apply:    | Promoter                           |               | Beneficial Owner                        | Z     | Executive Officer     | Z      | Director    |               | General at<br>Managin  |                    |                |
|                                       | Name (La<br>omey, De |                | if individual)                     |               |   |       |                       |        | -           |               |                        |                    |                |
| Busi                                  | ness or Re           | sidence Addr   | ess (Number an                     | d Stree       | L City, State, Zip C                    | ode)  |                       |        | _           |               |                        |                    |                |
| 700                                   | 4th Aver             | ue SW, Sui     | te 1800, Calgar                    | y, Alb        | erta T2P 3J4                            |       |                       |        |             |               |                        |                    |                |
| Cho                                   | ck Box(cs)           | that Apply:    | Promoter                           |               | Beneficial Owner                        |       | Executive Officer     | Z      | Director    |               | General at<br>Managin  | nd/or<br>g Partner |                |
|                                       |                      |                | if individual)                     |               |   |       |                       |        |             |               |                        |                    |                |
|                                       | nenda, D             |                | <u> </u>                           | 1.04          | - C'a - Base - S'- C                    | -4-1  |                       |        | <del></del> |               |                        |                    |                |
|                                       |                      |                | ite 1800, Calos                    |               | ы, City, State, Zip C<br>berta T2P 3J4  | oae)  |                       |        |             |               | •                      | i                  |                |
| Che                                   | ck Box(es)           | that Apply:    | Promoter                           |               | Beneficial Owner                        |       | Executive Officer     | Z      | Director    |               | General a<br>Managin   | nd/or<br>g Partner |                |
|                                       | Name (La<br>we, Jim  | si name firsi, | if individual)                     |               |   |       | <u> </u>              |        |             |               |                        |                    |                |
|                                       | -                    |                | ess (Number an<br>ite 1800, Calga  |               | t, City, State, Zip C<br>perta T2P 3J4  | ode)  |                       |        |             |               |                        |                    |                |
| Che                                   | ck Box(cs)           | that Apply:    | Promoter                           | . 🗆           | Beneficial Owner                        | Z     | Executive Officer     | 0      | Director    |               | General a<br>Managin   | nd/or<br>g Partner |                |
|                                       | Name (La             | -              | if individual)                     |               |   |       |                       |        |             |               | -                      |                    |                |
|                                       |                      |                | ess (Number an<br>lite 1800, Calga |               | et, City, State, Zip C<br>berta T2P 3J4 | ode)  |                       |        |             |               |                        |                    |                |
| Che                                   | ck Box(es            | that Apply:    | Promoter                           |               | Beneficial Owner                        | Z     | Executive Officer     |        | Director    |               | General a<br>Managin   | nd/or<br>g Partner |                |
|                                       | Name (Le             |                | if individual)                     |               |   | -     |                       |        |             |               |                        |                    |                |
|                                       |                      | sidence Addr   | ess (Number an                     |               | et, City, State, Zip C<br>perta T2P 3J4 | odc)  |                       |        |             |               |                        |                    |                |

| iji<br>! | ; s   | · . em         | - 2                        | H my              |                   | <u> </u>         | ¥ .                         | E I                         | 3 T B                       |                                    | BASIC               | TEN                 | í.    | CALIDA       | N.        |       |             |    |  |
|----------|-------|----------------|----------------------------|-------------------|-------------------|------------------|-----------------------------|-----------------------------|-----------------------------|------------------------------------|---------------------|---------------------|-------|--------------|-----------|-------|-------------|----|--|
| 2,       | E:    | E:<br>E:       | ach pr<br>ach be<br>ach ex | enefici<br>recuti | al owi<br>ve offi | he iss<br>ner ha | ucr, it<br>wing t<br>nd dir | f the is<br>he por<br>ector | ssuer l<br>wer to<br>of cor | has been<br>vote or o<br>porate is | lispose, e          | or direc<br>d of co | t the |              | osition   |       |             |    | s of equity securities of the issership issuers; and |
| CI       | eck   | Box(           | cs) th                     | at App            | oly:              |                  | Pron                        | noter                       |                             | Benef                              | icial Ow            | ner                 | Ø     | Executive (  | Officer   |       | Director    |    | General and/or<br>Managing Partner                   |
|          |       |                | Last r<br>Jim              | name f            | irst, i           | f indi           | vidua                       | l)                          |                             | ·                                  |                     |                     |       | -            |           | -     |             |    |  |
|          |       |                |                            |                   |                   |                  |                             |                             |                             |                                    | State, Zi<br>2P 3J4 | ip Code             | :)    |              |           |       |             |    |  |
| CI       | cck   | Box(           | es) th                     | at Apj            | ely:              |                  | Ртол                        | noter                       | . 🗆                         | Benef                              | icial Ow            | ncr                 | Ø     | Executive (  | Officer   |       | Director    |    | General and/or<br>Managing Partner                   |
|          |       |                |                            | nàme l            |                   | f indi           | vidua                       | 1)                          |                             |                                    |                     | -                   |       |              |           |       |             |    |  |
|          |       |                |                            |                   |                   |                  |                             |                             |                             | et, City,<br>erta T2               | State, Z<br>P 3J4   | ip Code             | c)    |              |           |       |             |    |  |
| _        |       |                |                            | at Ap             | _                 |                  |                             | noter                       |                             |                                    | icial Ow            | mer                 | Ø     | Executive (  | Officer   |       | Director    |    | General and/or<br>Managing Partner                   |
|          |       | ıme (<br>er, J |                            | name :            | īrst, i           | f indi           | vidua                       | 1)                          |                             |                                    |                     |                     |       |              | <u>-</u>  | -     |             |    |  |
|          |       |                |                            |                   |                   |                  |                             |                             |                             | et, City,<br>perta T               | State, Z<br>2P 3J4  | ip Code             | e)    |              |           |       |             |    | -  |
| _        |       |                |                            | at Ap             |                   |                  |                             | noter                       |                             |                                    | icial Ow            | ner                 |       | Executive (  | Officer   |       | Director    |    | General and/or<br>Managing Partner                   |
| Fı       | il N  | ımc (          | Last                       | name              | first, i          | f ind            | vidua                       | l)                          |                             |                                    | _                   |                     |       |              |           |       |             |    |  |
| В        | ısine | SS OF          | Resid                      | icnce             | Addre             | 53               | Numl                        | ber an                      | d Stre                      | et, City,                          | State, Z            | ip Code             | c)    | <del> </del> |           |       |             |    |  |
| c        | heck  | Box(           | cs) th                     | at Ap             | pły:              |                  | Pror                        | noter                       |                             | Benet                              | ficial Ow           | пег                 |       | Executive (  | Officer   |       | Director    |    | General and/or<br>Managing Partner                   |
| F        | ılı N | eme            | (Last                      | name              | fir <b>st</b> , i | f ind            | vidus                       | 1)                          |                             |                                    |                     |                     |       |              |           | -     |             |    |  |
| В        | usine | SS OF          | Resid                      | ience             | Addre             | \$5              | (Numi                       | ber an                      | d Stre                      | et, City,                          | State, Z            | ip Cod              | c) ·  |              |           |       |             |    |  |
| c        | heck  | Вох            | es) th                     | at Ap             | ply:              |                  | Pror                        | noter                       | Е                           | Веле                               | ficial Ow           | mer                 |       | Executive (  | Officer   |       | Director    |    | General and/or<br>Managing Partner                   |
| F        | all N | ame (          | (Lasi                      | name              | first, i          | f ind            | vidus                       | d)                          |                             |                                    |                     |                     |       |              |           |       |             |    |  |
| В        | usino | SS OF          | Resid                      | dence             | Addro             | 33               | (Num                        | рет вп                      | d Stre                      | et, City,                          | State, Z            | ip Cod              | c)    |              |           |       |             |    |  |
| ċ        | heck  | Box            | (es) th                    | nat Ap            | ply:              |                  | Pro                         | noter                       |                             | Bene                               | ficial Ov           | rner                |       | Executive (  | Officer   |       | Director    |    | General and/or<br>Managing Partner                   |
| F        | ıll N | ame            | (Last                      | name              | first,            | if ind           | ividu                       | <b>d)</b>                   |                             |                                    |                     |                     |       |              |           |       |             |    |  |
| B        | usino | SE OF          | Resi                       | dence             | Addre             | 22:              | (Num                        | ber att                     | d Stre                      | et, City,                          | State, Z            | ip Cod              | c)    |              |           |       |             |    |  |
| _        |       |                |                            |                   |                   |                  |                             | Lise h                      | lank s                      | heet, or                           | copy and            | d use as            | dditi | onal copies  | of this s | heet, | as necessar | y) |  |

| Total gargest manife                              | is Transport of 15 mg  | Carlo Internet                               | सम्बद्धाः स्टब्स्य स्टब्स्य<br>हिस्स्य स्टब्स्य | , j. j.                                   | roundri                                     | ON ABOU                                     |   |   |  |   | un in    |          |
|---|--|--|---|---|---|---|---|---|--|---|----------|----------|
|   |  | -  | •   |   | 1   | andited in                                  | westore in                                  | this offeri                               | n <i>a?</i> i                          |   | Yes      | No<br>⊞  |
| 1. Has the  | issuer sold  | , or does th                                 |   |   |   |   |   |   |  |   | L        |          |
|   |  |  |   |   | Appendix,                                   |   |   |   |  |   | 2 0.65   | i        |
| 2. What i   | s the minim  | um investm                                   | ent that wi                                     | II be accep                               | oted from a                                 | ny individi                                 | 1417  | ***,                                      | ************                           | *************************************** | Yes      | No       |
|   | ne offering p  |  |   |   |   |   |   |   |  |   |          | <b>E</b> |
| commi<br>If a per<br>or state                     | he informat<br>ssion or simi<br>son to be lis<br>s; list the na<br>er or dealer, | llar remuner<br>ted is an ass<br>me of the b | ation for so<br>ociated per<br>roker or de      | olicitation<br>rson or age<br>aler. If mo | of purchase<br>nt of a brok<br>re than five | rs in conne<br>er or deale:<br>: (5) person | ction with:<br>registered<br>is to be liste | sales of sec<br>with the S<br>ed are asso | parities in U<br>EC and/or             | e offering.<br>with a state             |          |          |
|   | (Last name   |  |   |   |   |   | •   |   |  |   |          |          |
|   | source Inve  |  |   |   |   |   |   |   |  | <del>.</del>                            |          |          |
|   | Residence  |  |   |   | ty, State, Z                                | ip Code)                                    |   |   |  |   |          |          |
|   | mino Road  |  |   | 92009                                     | <del></del>                                 |   |   |   |  |   |          |          |
| Name of A   | ezociared Di   | OKEL OF DE                                   | 31.61   |   |   |   |   |   |  |   |          |          |
| States in W                                       | hich Person  | Listed Has                                   | Solicited                                       | or Intends                                | to Solicit I                                | Purchasers                                  |   |   |  |   |          |          |
|   | c "All States  |  |   |   |   |   | ***************************************     |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   | ☑ Ali    | States   |
|   |  |  |   |   |   |   |   |   | _                                      |   | TTT)     | क्त      |
| AL  | [AK]   | AZ   | AR  | CA  | [CO]  | CT  | DE  | DC  | FL<br>MI                               | GA<br>MN                                | HI<br>MS | MO]      |
|   | N<br>N   | [A]  | [KS]  | KY  | ĽA<br>STA                                   | ME<br>NY                                    | MD<br>NC                                    | MA<br>ND                                  | OH)                                    | OK                                      | OR)      | PA       |
| MT  | NE   | NV   | NH<br>TN  | NJ<br>TX                                  | NM<br>UT                                    | VT  | VA  | WA  | WV                                     | WI                                      | WY       | PR       |
| RT  | SC   | SD   | [114]   | TŢŢ                                       | [01]  | <u> </u>                                    | 1777  | (11.11)                                   | بني                                    |   |          |          |
| Full Name   | (Last name   | first, if indi                               | ividual)  |   |   |   |   |   |  |   |          |          |
| Business  | r Residence  | Address (?                                   | Number an                                       | d Street, C                               | ity, State, 2                               | Zip Code)                                   |   |   |  |   |          |          |
| , <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del> | ssociated B  | -dian as Da                                  | -1  |   |   |   |   |   |  |   |          |          |
| Name of A   | SSOCIALEG DI   | lokel al De                                  | a ici   |   |   |   |   |   |  |   |          |          |
| States in V                                       | hich Persor  | Listed Ha                                    | Solicited                                       | or Intends                                | to Solicit                                  | Purchasers                                  |   |   | <del></del>                            |   |          |          |
|   | k "All State   |  |   |   |   |   |   |   |  | ,,                                      | □ AI     | l States |
|   |  |  |   |   |   |   |   |   |  |   | انتا     | (ID)     |
| AL  | AK   | AZ   | AR  | CA  | [CO]  | [CT]  | ( <u>30</u> )                               | [DC]                                      | EL<br>MI                               | MN                                      | MS)      | <u> </u> |
| II.   | IN   | IA.  | KS  | KY  | LA  | ME  |   | MA  | OH                                     | OK)                                     | OR)      | PA       |
| MT  | (NE)   | NV   | NH  | NJ<br>TV                                  | NM<br>UT                                    | NY<br>VT                                    | NC<br>VA                                    | ND<br>WA                                  | WV                                     | WI.                                     | WY       | PR       |
| RT  | SC   | SD   | TN  | TX)                                       | ÜT  | ( <u>V L</u> )                              | <u> </u>                                    |   |  |   |          |          |
| Full Name   | (Last name   | first, if ind                                | ividual)  |   |   | •   |   |   |  |   |          |          |
| Business  | or Residence   | e Address (                                  | Number an                                       | d Street, (                               | City, State,                                | Zip Code)                                   |   |   |  |   |          |          |
| _   |  |  |   |   |   |   |   |   |  |   |          |          |
| Name of A   | ssociated B  | roker or De                                  | aler  |   |   |   |   |   |  |   |          |          |
| States in V                                       | Vhich Person   | n Listed Ha                                  | s Solicited                                     | or Intend                                 | s to Solicit                                | Purchasers                                  |   |   |  |   |          |          |
| (Chec   | k "All State   | s" or check                                  | individua                                       | l States)                                 | -<br>                                       |   | *****                                       | ***************                           |  | ****************                        | ☐ Al     | 1 States |
| AL  | ĀK   | AZ   | ĀR  | CA  | CO  | CT  | DE  | DC  | FL                                     | GA                                      | HI       | (ID)     |
|   | (IN)   | IA   | KS  | KY  | LA  | ME  | MD  | MA  | MI                                     | MN                                      | MS       | MO       |
| MT  | NE   | NV   | NH)   | NI  | NM  | NY  | NC  | ND  | OH                                     | OK                                      | OR       | PA       |
| RT  | SC   | SD   | TN  | TX  | UT  | VT)   | VA  | [WA]                                      | WV                                     | WI                                      | WŶ       | PR       |

C. OFFERING PRICE, NUMBER DE INVESTORS, EXPENSES AND USE OF PROCEEDS. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and aiready exchanged. Amount Aircady Aggregate Sold Offering Price Type of Security 2 0.00 0.00 Debt ..... 0.00 Common Preferred 0.00 0.00 0.00 Other (Specify \_ 0.00 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number **Dollar Amount** of Purchases Investors \$ 8,450,000.00 \$ 0.00 Non-accredited Investors ....... Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Sold Type of Offering Security Regulation A ..... Rule 504 ..... 00.0 2 a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees .... Printing and Engraving Costs.....

Total .....

Other Expenses (identify) Finder's Fees

45,000.00

464,750.00

509,750.00

П

|     | COFFERING PRICE N  |   |  |                         |
|-----|--|---|--|-------------------------|
|     | b. Enter the difference between the aggregate of and total expenses furnished in response to Part C proceeds to the issuer."   | . — Question 4.a. This difference is the "adjus   | sted gross   | \$                      |
| i.  | Indicate below the amount of the adjusted gross each of the purposes shown. If the amount fo check the box to the left of the estimate. The tot proceeds to the issuer set forth in response to  | r any purpose is not known, furnish an esti<br>al of the payments listed must equal the adjus | mate and   |                         |
|     |  |   | Payments to<br>Officers,<br>Directors, &<br>Affiliates |                         |
|     | Salaries and fees  |   | <b>[] \$</b>   | _ 🗆 s                   |
|     | Purchase of real estate  |   |  |                         |
|     | Purchase, rental or leasing and installation of and equipment  | machinery   |  |                         |
|     | Construction or leasing of plant buildings and   | facilities  |  | . L. 2                  |
|     | Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)  | e value of securities involved in this assets or securities of another                        |  | 🗆 \$                    |
|     | Repayment of indebtedness  |   |  |                         |
|     | Working capital  |   |  | []\$                    |
|     | Other (specify): Acquisition of oil and gas a  | ssets iii Canada  | 🗆 \$   | <u> </u>                |
|     |  |   | <br>\$   | \$                      |
|     | Column Totals  |   |  |                         |
|     | Total Payments Listed (column totals added)  |   |  | 7,940,250.00            |
| . " | AND THE PROPERTY OF THE PARTY O | DE TEDÜR RESIGNATURE  |  |                         |
| clo | rissuer has duly caused this notice to be signed by<br>nature constitutes an undertaking by the issuer to<br>information furnished by the issuer to any non  | y the undersigned duly authorized person. If<br>o furnish to the U.S. Securities and Exchang  | this notice is filed under<br>e Commission, upon wri   | Rule 505, the following |
| ss  | uer (Print or Type)  | Signature   | Date   | 30/00                   |
|     | arble Point Energy Ltd.  |   | Date   | J5/58 .                 |
|     | POL CO-1-4 T 3   | Title of Signer (Print or Type)   |  |                         |
| Na  | me of Signer (Print or Type)   | 1 1010 01: DIB.101 (1 11111 0: 17 1/2)  |  |                         |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|    | SIATE SIGNATURE  | भूद्रीयास्त्र <u>ातः ।</u><br>भ | Virgint nater  |
|----|--|---------------------------------|----------------|
| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | Yes<br>[]                       | No<br><b>©</b> |

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) Marble Point Energy Ltd. | Signature             | Date / pori ( 30 /08 |
|---|-----------------------|----------------------|
| Name (Print or Type)                            | Title (Print or Type) |                      |
| John C. Zang                                    | Corporate Secretary   |                      |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|       |   |  |  |   | PRIDIX   |   |          |  |  |
|-------|---|--|--|---|--|---|----------|--|--|
| 1     | Intend<br>to non-a<br>investor          | I to sell<br>ccredited<br>s in State<br>-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) |   | Disquali<br>under Sta<br>(if yes,<br>explana<br>waiver | Disqualification<br>under State ULOE<br>(if yes, attach<br>explanation of<br>waiver granted)<br>(Part E-Item 1) |          |  |  |
| State | Yes                                     | No   |  | (Part C-Item 2)  Number of Number of Non-Accredited Investors Amount Investors Amount |  |   |          |  | No   |
| AL    |   |  |  |   |  |   |          |  |  |
| AK    |   |  |  |   |  |   |          |  |  |
| AZ    |   |  |  |   |  |   |          |  |  |
| AR    |   |  |  |   |  |   |          |  |  |
| CA    |   | ×  | Preferred Shares   | 1   | \$8,450,000.   | 0   | \$0.00   |  | ×  |
| со    |   |  |  |   |  |   |          |  |  |
| СТ    |   |  |  |   |  |   |          | <u> </u>                                     |  |
| DE    |   |  | :  |   |  |   |          |  | <u>                                     </u> |
| DC    |   |  |  |   |  |   |          | <u> </u>                                     |  |
| FL    |   |  |  |   |  |   |          |  |  |
| GA    |   |  |  |   |  |   |          |  |  |
| н     |   |  |  |   |  | ,   |          |  | <u> </u>                                     |
| ID    |   |  |  | <u> </u>  | ļ  |   |          |  | <br>   |
| IL    |   |  |  | ļ   |  |   | ļ        | 1  | <u> </u>                                     |
| ĪN    |   |  |  | <u> </u>  |  |   |          |  |  |
| IA    |   |  |  | <u> </u>  | <u> </u>   |   |          |  |  |
| KS    |   | <u>                                     </u>     |  |   | <del> </del>   |   |          | 1  |  |
| KY    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |  |   |  | ·<br>   |          |  |  |
| LA    |   |  |  | <u> </u>  |  |   |          | <u> </u>                                     | <u> </u>                                     |
| ME    |   |  |  | <u> </u>  |  |   | ļ        | <u>                                     </u> |  |
| MD    |   |  |  |   |  |   |          |  |  |
| MA    |   |  |  | <u> </u>  | <u> </u>   |   |          | 1  |  |
| МІ    |   |  |  |   |  |   |          | 1  |  |
| MN    |   |  |  |   | ļ. —   |   |          |  | <u> </u>                                     |
| MS    |   |  |  |   |  | _   | <u> </u> |  |  |

|       | " <u>#</u> =                   |   |  |   | Mux.   |          | To the first to |             | <del>Ş</del> E |  |
|-------|--------------------------------|---|--|---|--|----------|-----------------|-------------|----------------|--|
| 1     | Intend<br>to non-a<br>investor | I to sell<br>accredited<br>s in State<br>-Item I) | Type of security and aggregate offering price offered in state (Part C-Item 1) |   | Type of investor and amount purchased in State (Part C-Item 2) |          |                 |             |                |  |
| State | Yes                            | No  |  | Number of Accredited Non-Accredited Investors Amount Investors Amount |  |          |                 | Yes         | No             |  |
| МО    |                                |   |  |   |  |          |                 | <u> </u>    |                |  |
| МТ    |                                |   |  |   |  |          |                 |             |                |  |
| NE    |                                |   |  |   |  | <u> </u> |                 |             |                |  |
| NV    | نـــــن                        |   |  |   |  |          |                 |             |                |  |
| NH    |                                |   |  |   |  |          |                 |             |                |  |
| NJ    |                                |   |  |   |  |          |                 |             |                |  |
| NM    |                                |   |  |   |  |          |                 |             |                |  |
| ΝÝ    |                                |   |  |   |  |          |                 |             |                |  |
| NC    |                                |   |  |   |  |          |                 |             |                |  |
| ND    |                                |   |  |   |  |          |                 |             | I              |  |
| ОН    |                                |   |  |   |  |          |                 |             | <u> </u>       |  |
| OK    |                                |   |  |   |  |          |                 |             |                |  |
| OR    |                                |   |  |   |  |          |                 |             | <u></u>        |  |
| PA    |                                |   |  |   |  |          |                 |             |                |  |
| RI    |                                |   |  |   |  |          |                 |             | :              |  |
| SC    |                                | 1   |  |   |  |          |                 |             |                |  |
| SD    |                                |   |  |   |  |          |                 |             |                |  |
| TN    | 7                              |   | -  |   |  |          |                 |             |                |  |
| TX    |                                |   | 1  |   |  |          |                 |             |                |  |
| UT    |                                | <u></u>   |  |   |  |          |                 |             |                |  |
| VT    |                                |   | 1  |   | <u> </u>   |          |                 |             |                |  |
| VA    |                                | <del> </del>                                      |  | <del></del>   |  |          |                 |             |                |  |
| WA    |                                |   |  |   |  |          |                 |             |                |  |
| wv    | 1                              |   | <u> </u>   |   | 1  |          |                 |             |                |  |
| wı    | -                              |   |  |   | <del> </del>   | <u> </u> |                 |             |                |  |
| L     | <u> </u>                       |   | ·  |   |  | <u> </u> | <u> </u>        | * ****** ** | . <u>,</u>     |  |

| C.A.CO |                      | aressojė                           |  | APP                                  | endex.  |  |        |     |    |  |
|--------|----------------------|------------------------------------|--|--------------------------------------|---|--|--------|-----|----|--|
| 1      | to non-a<br>investor | to sell<br>ccredited<br>s in State | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | 4  Type of investor and amount purchased in State (Part C-Item 2) |  |        |     |    |  |
| State  | Yes                  | No                                 | ·  | Number of<br>Accredited<br>Investors | Amount  | Number of<br>Non-Accredited<br>Investors | Amount | Yes | No |  |
| PR     |                      |                                    |  |                                      |   |  |        | J   |    |  |